

GRD-T 007 (Eng)

**Request form for change of Master’s thesis title**

**Faculty.................................................... Burapha Univesity**

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Subject: Request to change the title of Master’s thesis

To Dean of Graduate School

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I am (Mr./Mrs./Ms) Student ID

Program Major/Pathway Faculty

Beginning year of study ⭘ First Semester ⭘ Second Semester Study type ⭘ Full-time ⭘ Part -time

Study Plan ⭘ A 1 (Thesis 36 credits) ⭘ A 2 (Course works 12 credits and thesis 12 credits)

Telephone E-mail

Request for revision of Master’s thesis title ⭘ English

Original Master’s thesis title

Revised Master’s thesis title:

I have already consulted the principal and co-thesis advisor for revising such title.

Please be informed accordingly.

 Student name

 ( )

 Date Month Year

Principal advisor Co-advisor

 (…………………………………………) (…………………………………………)

 Date ……………Month …………….Year……… Date ………………Month ……………………Year…………

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| □ Agreed □ Disagreed (Signature)…………………………………………..………(……………………………………………….…)Program DirectorDate ………Month………..Year …………… | Acknowledged(Signature)…………………………………………..(……………………………………………….…)Head of Department/DivisionDate ………Month………..Year …………… |
| □ Agreed □ Disagreed (Signature)…………………………………………..………(……………………………………………….…)Dean of Faculty…………………………….Date ………Month………..Year …………… | □ Approved □ Disapproved(Signature)…………………………………………………(………………………………………………………..)Dean of Graduate SchoolDate ………Month………..Year …………… |